Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3. DUSSE BOOS LOT 18 MOLCOTTVEIGEN 46795 Date: Address: Case #: County: Type of Laboratory Seizure (check one) Seizure Location (check all that apply) Operational Lab Residence Hotel/Motel Chemical/Glassware/Equipment (only) Outbuilding Open - No Structure Dumpsite (only) Vehicle Other: Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply). X Lithium/Ammonia Reaction(s): The for Reneron Vessel In Brithern Red Phosphorous/Iodine Reaction(s): Flammable Solvents: 📗 Water Reactive Metal (Lithium): _____ Anhydrous Ammonia: _____ 🛣 Hydrochloric Acid Gas Generator(s): [/] Corrosive Acid: Corrosive Base: Other (item and location): Child under age 18 discovered (check one) Investigative Information Yes 2 (number present) Ephedrine/Pseudoephedrine Tracking Log

This report is to be faxed to the following agencies that serve the location:

Fire Department: Johnson Twsp

Fax: 46-854-3402

Retail/Merchant Tip

Other:____

Health Department: LARRANGE Co

*If yes, fax report to Child Protective Services

Fax: 160-499-4189

Child Protection Service:

Fax:

For further information regarding this methamphetamine laboratory, contact Investigating Officer: _ Phone _ Hope - 431-8661

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.

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^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.